

# ATTACHMENT

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# Jail Health Service Delivery Monitoring

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PUBLIC HEALTH DEPARTMENT



# PHD Monitoring – Current State

Record review quarterly, via remote access to the WellPath EMR.

PHD randomize the list of all inmates booked in during the measurement period (provided by WellPath), 70 records are selected for audit.

PHD audit for the following:

- **Initial Health Assessment:**
  - Contractor shall ensure that the Initial Health Assessments are done within 14 days of a patient's incarceration.
  - Was the Initial Health Assessment completed within 14 days of incarceration and if refused, is there documentation of refusal?
- **TB Screening**
  - Contractor will ensure that all TB skin tests are placed as needed. If patient refuses, then alternate methods of screening TB shall be offered.
  - Was a TB Skin Test placed, if needed, during the Initial Health Assessment, and if patient refused was a Chest X-Ray ordered?
- **Chronic Care Management**
  - Contractor shall ensure that all chronic care patients are being seen in accordance to NCCHC standard.
  - If diagnosis and RX was verified, was the On-Call Provider contacted for continuation of meds and patient referred to a Medical Provider within 5 to 7 days from intake for Chronic Care evaluation and on-going visits?
- **Medication Verification**
  - Contractor shall ensure that medication verification is completed within 12 hours of a Medical Intake Screening if the patient indicated essential or psychiatric prescription drug utilization.
  - Were the verified medications "bridged" at intake until the patient was able to be seen by a provider?
- **Treatment Plan**
  - If medications for essential and psychiatric conditions could not be verified, the nurse shall confer with the On-Call Medical or Mental Health Provider to establish, document, and initiate a treatment plan within 24 hours of arrival.
  - Is there documentation that the nurse contacted the OCP and is there documentation of a treatment plan ordered by the OCP?



# Enhanced Monitoring: General

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Quarterly audits

Chief Medical Officer will participate in the MAC/QCI meetings

Incorporate audit reports into the MAC/CQI meetings

Review all policies and clinical protocols

Establish Death and Mortality Review Panel and ensure timely and adequate death reviews.

Receive and analyze data for quality metrics and health outcomes.

Review Utilization Management decisions for appropriateness.



# Enhanced Monitoring: Intake

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Continue to monitor health screening upon intake especially communicable diseases and chronic conditions.

Continue to monitor medication verification upon intake.

Continue to monitor behavioral health screening upon intake.

Continue to monitor timeliness of intake screening



# Enhanced Monitoring: Policies

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Review and approve all clinical policies including Communicable diseases such as Hep C, HIV and others.

Explore and establish new policies for TB screening that factor length of stay and follow up after discharge.

Review and update existing policies for chronic care management especially asthma, diabetes, hypertension and others.

Review policies on medication verification and the timely continuation of needed medications.

Ensure that all policies follow CDC recommendations and the NCCHC



# Enhanced Mentoring: Health Care

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Revise and implement the Health Care Implementation Plan to ensure that inmates receive the proper care based on the acuity of their condition.

Tracking and reporting of on the timing and adequacy of care (sick call)\*.

Continue to monitor access to specialty care and oral health.

Ensure that treatment plans are modified based on outcome or condition changes.

Monitor the timely administration of medications (Med Pass).

*\* This might require modification to the way sick call is documented*



# Enhanced Monitoring: Discharge

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Establish a discharge planning process that ensures continuity of care

Work with WellPath, Sheriff's Office and Probation on designing workflow for discharge and reentry planning.





# Questions

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